



MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
P O BOX 2200, JEFFERSON CITY, MO 65105-2200

**ANNUAL SUMMARY AND TRANSMITTAL OF MISSOURI FORMS MO-99 MISC.**

FORM <b>MO-96</b> (REV. 11-2010)	<b>20</b> _____
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**NOTE: Enter the total number of Federal 1099 NEC forms if substituted for the Missouri Form MO-99 MISC.**

ENTER NUMBER OF DOCUMENTS		All documents are: (Place an "X" in the proper boxes.)			
		ORIGINAL	CORRECTED	WITH TAXPAYER IDENTIFYING NO.	WITHOUT TAXPAYER IDENTIFYING NO.
PAYER'S identifying number		<div>Mail to: Missouri Department of Revenue P.O. Box 2200 Jefferson City, Missouri 65105-2200</div> <div>I have direct control, supervision or responsibility for filing this return. Under penalties of perjury, I declare it is a true, accurate and complete return. In the case of documents without recipients' identifying numbers I have complied with the requirements of the law by requesting such numbers from the recipients, but did not receive them.</div>			
Type or Print PAYER'S name, address, and ZIP code above.					
SIGNATURE		TITLE		DATE ____ / ____ / ____	